t. Health,
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-032299
STATE FILE NUMBER

FILED SEP 30 1958 Registration District No. 120 Primary Registration District No. 4194 Registrar's No. 252

1. PLACE OF DEATH a. COUNTY Gentry	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Albany — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN McFall 0360 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Gentry County Memorial Hosp. — Length of stay in 1b 2½ Hours	d. STREET ADDRESS (If outside, give location) -- — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First HERBERT Middle --- Last GILES		4. DATE OF DEATH Month Day Year September 20, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH March 28, 1886
9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (City and state or country) Gentry County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John H. Giles	13b. MOTHER'S MAIDEN NAME Aminda Whitton	14. NAME OF HUSBAND OR WIFE Della Josephine Giles	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Address Della Josephine Giles, McFall, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 8 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) ✓

DUE TO (c) ✓ 4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ✓

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) ✓

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year ✓

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ✓

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9/20/58, to 6 hours and last saw ~~her~~ him alive on 9/20/58

Death occurred at 2:20 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. M. Sherman MD	22b. ADDRESS Albany MO	22c. DATE SIGNED 9-22-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-22-1958	23c. NAME OF CEMETERY OR CREMATORY McFall Cemetery	23d. LOCATION (City, town, or county) (State) McFall, Mo.
24. FUNERAL DIRECTOR Louis Quert,	ADDRESS Pattonsburg, Mo.	25. DATE RECD. BY LOCAL REG. 9-22-58	26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

4 70

SEP 1 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Louis Ernest

Licensed Embalmer No. 4096

P. O. Address Pattonsburg, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.